

**SCHOOL ACTIVITY FUND
STANDARD INVOICE**

School	Middlesboro High School
Activity Account	

Date	
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Vendor's Name	_____	Are you an employee Y N of this school district
Address	_____	
Phone	_____	
Fax	_____	
FEIN or Social Security No.	On File	

Quantity	Item Description	Unit Cost	Total Cost
Total			

Vendor's Certification
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.
_____ Vendor Signature

Approval for Payment

Sponsor

Principal

Amount Paid: _____

Date Paid: _____

Check No.: _____

*Form to be used any time invoice not provided

For use with check refunds